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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>Docket Number (Optional)</b> SPINE 3.0-455 CIP CONT VI	
Application Number      10/781,507-Conf. #2937		Filed      February 18, 2004	
For      INSTRUMENTATION AND METHODS FOR USE IN IMPLANTING A CERVICALDISC REPLACEMENTDEVICE			
Art Unit      3733		Examiner      J. L. Cumberledge	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      12-1095			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number      54,230			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34      _____			
_____ Signature		_____ Date	
_____ Kevin M. Kocun		_____ (908) 518-6383	
_____ Typed or printed name		_____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of      1      forms are submitted.			

01/13/2009 SDENB03 00000001 121095 10781507  
01 FC:1253 1110.00 DA

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 9, 2009

Signature: \_\_\_\_\_ (Kevin M. Kocun)